



**1938.**

*ISLE OF ELY COUNTY COUNCIL.*

# **Annual Report**

on the

## **PUBLIC HEALTH**

of the

**Administrative County of the**

**Isle of Ely,**

**For the Year 1938,**

**With Summary of Reports of District**

**Medical Officers of Health,**

by

**THOS. C. LONIE, M.B., Ch.B., D.P.H.**

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LITTLEPORT, ISLE OF ELY :  
G. T. WATSON (LATE BARBER), PRINTER, VICTORIA STREET.  
1939.



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## ISLE OF ELY COUNTY COUNCIL.

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### Public Health Committee.

PAYNE, H. (Chairman).

COVILL, S. E.	MARTIN, H. G.
CROSS, S.	NEWELL, G. W.
HERBERT, F. F. (Rev.)	PEAKE, T.
KIDD, A. J.	ROSEBERRY, F. G.
LANGFORD, F. J.	SAVORY, H. G.
LAWRENCE, S. C.	SOLE, F.
LAXON, M.	STEEL, C. W.
LEEDING, A. C.	WALLIS, W.
LEFEVRE, H.	WALTON, S. S. (Rev.)
LUDDINGTON, L. H.	WEBB, W. F. R.
MALLETT, H. R.	

*Number 22.      Quorum 5.*

### Maternity and Child Welfare Committee.

All the Public Health Committee and the following Co-opted Members :—

Mrs. S. A. COLLINGWOOD, March.

Mrs. COLLINS CLAYTON, Wisbech.

Mrs. S. S. WALTON, March.

*Number 25.      Quorum 5.*

### Mental Deficiency Committee.

All the Public Health Committee and the following Co-opted Members :—

Mrs. S. A. COLLINGWOOD, March.

Mrs. COLLINS CLAYTON, Wisbech.

Mrs. S. S. WALTON, March.

*Number 25.      Quorum 5.*

## Staff.

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### *County Medical Officer of Health.*

THOS. C. LONIE, M.B., Ch.B., D.P.H.

### *Assistant County Medical Officers of Health.*

F. E. CRAWLEY, M.D., D.P.H. (resigned November 19th, 1938).  
(Also Clinical Tuberculosis Officer).

M. V. JOSCELYNE, M.B., Ch.B., D.P.H. (appointed May 1st, 1937).

### *Temporary Assistant County Medical Officer and Clinical Tuberculosis Officer.*

J. F. DAWSON, M.B., Ch.B., B A.O. (IRE.), D.P.H.

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### *Health Visitors and School Nurses.*

J. A. ANDERSON, Cert. Midwife, H.V. Cert.

A. LLOYD, Cert. Midwife, H.V. Cert.

M. MEACHAM, Cert. Midwife, H.V. Cert., R.S.I., M. & C.W. Cert., R.S.I.

H. L. MORRIS, Cert. Midwife, M. & C.W. Cert., R.S.I., H.V. Cert., R.S.I.

A. MORT, Cert. Midwife, H.V. Cert., R.S.I., A.R.S.I.

M. J. PATERSON, Cert. Midwife, H.V. Cert.

M. E. ROSE, Cert. Midwife, H.V. Cert., Bd. of Ed.

E. T. TAYLOR, Cert. Midwife.

E. B. WHITAKER, Cert. Midwife, H.V. Cert., R.S.I., A.R.S.I.

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### *County Midwives.*

A. L. GUIVER, Cert. Midwife (appointed June 16th, 1937).

F. MILLAR, Cert. Midwife (appointed July 1st, 1937).

B. WARD, Cert. Midwife (appointed July 1st, 1937).

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### *Clerical Staff.*

H. A. HOUSE (Chief Clerk).

A. ANNESS, F. RITCHIE.

MISS M. DRING.



*District Medical Officers under Poor Law Acts :—*

J. R. BARROWCLOUGH, M.R.C.S., L.R.C.P.	(also Public Vaccinator).
J. DWYER, M.B., Ch.B.      ..      ..	”      ”      ”
C. H. GUNSON, M.B., Ch.B.   ..      ..	”      ”      ”
A. PAIN, M.R.C.S., L.R.C.P.   ..      ..	”      ”      ”
A. BERNARD, M.A., M.B., Ch.B.   ..	”      ”      ”
S. GOVERNOR, M.B., B.Ch.   ..      ..	”      ”      ”
A. C. S. WATERS, M.R.C.S., L.R.C.P.	
S. J. WATSON, M.B., B.Ch.   ..      ..	(also Public Vaccinator).
C. W. HOWE, M.B., Ch.B., D.P.H.   ..	”      ”      ”
G. B. DAVIS, M.A., M.D.      ..      ..	”      ”      ”
J. B. BAMFORD, M.R.C.S., L.R.C.P.	”      ”      ”
W. M. WILSON, M.B., Ch.B.   ..      ..	”      ”      ”
D. E. YOUNG, L.R.C.P., L.R.C.S.   ..	”      ”      ”
C. THOMAS, M.R.C.S., L.R.C.P.      ..	”      ”      ”

*Public Vaccinators (other than above) :—*

W. H. CARLISLE, M.B., Ch.B., F.R.C.S.  
C. T. NORRIS, M.R.C.S., L.R.C.P.

*Veterinary Surgeons :—*

W. RUNCIMAN, M.R.C.V.S.  
H. H. TRUMAN,      ”  
J. H. POLES,      ”  
J. W. KNOWLES,      ”  
T. KNOWLES,      ”

*Public Analyst :—*

S. GREENBURGH, F.I.C., F.C.S.

*Vaccination Officers :—*

H. A. HOUSE (Ely, March, Whittlesey and Wisbech).  
G. SHARPE (Chatteris).

## *LOCAL SANITARY AUTHORITIES.*

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Urban Districts and Boroughs.	Clerks.		District Medical Officers of Health.
1. Ely .. ..	A. E. Woodrow, Esq.	..	K. S. Maurice Smith, M.R.C.S., L.R.C.P.
2. Chatteris ..	C. Dobb, Esq. ..	..	R. E. Nix, B.A., M.B., B.Ch.
3. March .. ..	C. Greenwood, Esq.	..	S. Governor, M.B., Ch.B.
4. Whittlesey ..	J. B. Robertshaw, Esq.	..	J. F. Dawson, M.B., Ch.B., B.A.O., D.P.H.
5. Wisbech ..	F. W. Coulam, Esq.	..	H. L. Groom, M.R.C.S., L.R.C.P.

Rural Districts.	Clerks.		District Medical Officers of Health.
1. Ely .. ..	F. W. Green, Esq. ..	..	J. W. C. Fairweather, M.B., Ch.B.
2. North Witchford	A. F. Sharman, Esq.	..	C. Thomas, M.R.C.S., L.R.C.P.
3. Thorney .. ..	A. F. Whittome, Esq.	..	J. F. Dawson, M.B., Ch.B., B.A.O., D.P.H.
4. Wisbech ..	R. W. Faircloth, Esq.	..	C. H. Gunson, M.B., Ch.B.

### **Port.**

Port of Wisbech	F. W. Coulam, Esq.	..	R. E. Crockatt, M.B., Ch.B.
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*To the Chairman and Members of the  
Isle of Ely County Council.*

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MR. CHAIRMAN AND GENTLEMEN,—

I beg to submit my fifth Annual Report as your Medical Officer of Health. As I shall shortly be leaving your service it will be the last Report which I shall have the pleasure of preparing, and I should like to take this opportunity of thanking you for the help and support which you have so readily given me in my work.

It happens that my term of office has coincided with a period of especial activity and expansion in the Health Services of the County generally and it has been, at times, difficult to assimilate in the time available the new work which has been necessary. There is no sign that the period of expansion may be considered at an end and, indeed, there is every reason to anticipate still further advances. It is, therefore, inevitable that the administrative work must also increase and this has resulted in a very necessary increase in office staff. The work in relation to Air Raid Precautions is not mentioned elsewhere in this Report, but has taken up a great deal of time, to the detriment of the really constructive work which is the function of the Public Health Service. One can only hope that the present war fever in the world may soon pass so that we may be able to expend time, and an equal amount of money and energy, in the constructive and enduring cause of Health.

There is still much to be done even in the matter of the organisation of Health Services and there is an increasing tendency towards some form of general medical service for the nation. Its introduction will be the greatest advance since the National Health Insurance Act came into force and real statesmanship will be required in its drafting. The chief danger will be that of a partial service which leaves out essential services such as consultant, hospital, and special treatment. There is also the question as to whether there ought to be an income bar, and if so, at what level this should be fixed.

Meanwhile the Cancer problem is to be dealt with on the terms of the Cancer Act, newly passed, but there are other pressing problems which will require early attention. Rheumatism, for instance, costs the country many thousands of pounds and much lost work each year, but the facilities available for dealing with it properly are extremely inadequate and it is quite out of the question for voluntary agencies to meet the need.

Similarly there is reason to believe that many obscure physical disabilities are due to mental and spiritual disorder but do not receive the specialist diagnosis and treatment necessary. Meanwhile, many persons suffering from such conditions are in receipt of sick benefit and unable to work, to the great financial loss of the community, apart from their own suffering.

As a purely financial matter, can we afford to put up with the cost of all this sickness when so much of it is preventable, and even if not always prevented, capable of being remedied in a much shorter time than at present? These are wide problems and should receive careful consideration and study.

I have tried to make my Report interesting, so far as that is possible. It is, perhaps, the best feature of the annual Reports of County Medical Officers that they are personal to himself and furnish an opportunity of making comments and expressing opinions in public health matters which might not always be possible, or even desirable, for a committee or council as such. We probably owe our freedom in this respect to Sir John Simon, the first Medical Officer of the Local Government Board, whose pungent and forthright statements in his annual reports to the Board did much to stimulate the public conscience and so to inspire that uprising of sanitary reform which was so marked a feature of the latter half of the nineteenth century. We are, in these days, witnessing a renaissance of that spirit of zeal in matters relating to the public health. The foundations in the matter of environmental sanitation have been well laid, and we are now emphasising especially the actual prevention and treatment of disease in the individual, the improvement of his health and his happiness as a member of the community.

I can only express the hope that we shall travel on to more and more complete success.

Finally, I must here express my indebtedness to my own staff, both in the office and in the district, for their help and co-operation not only in the writing of this Report but also in the working of the department during my years of office. In particular, to Mr. House, my Chief Clerk, whose encyclopaedic knowledge, born of long experience, makes him invaluable in the carrying on of the work, I owe my most grateful thanks.

I have the honour to be, Gentlemen,

Your obedient Servant,

Thos. C. Lonie.

## Administrative County of the Isle of Ely.

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The Annual Reports for the year 1938, from the Medical Officers of Health for the Districts within the Administrative County, as submitted to the Isle of Ely County Council, in pursuance of Section 24, of the Local Government Act, 1888, were received as follows :—

	Area.		Medical Officer.		Date Received.	Style.
Urban Districts	Chatteris	..	Dr. Nix	..	August 1st, 1939	Typewritten
	Ely	..	Dr. Maurice Smith	..	Sept. 15th, 1939	Typewritten
	March	..	Dr. Governor	..	—————	—————
	Whittlesey	..	Dr. Dawson	..	Oct. 30th, 1939	Typewritten
	Wisbech	..	Dr. H. L. Groom	..	Oct. 31st, 1939	.. Printed
Rural Districts	Ely	..	Dr. Howe	..	August 25th, 1939	Typewritten
	North Witchford		Dr. Thomas	..	July 22nd, 1939	.. Printed
	Thorney	..	Dr. Dawson	..	Oct. 30th, 1939	Typewritten
	Wisbech	..	Dr. Gunson	..	Oct. 30th, 1939	.. Printed
Wisbech Port		..	Dr. Crockatt	..	Report not to hand	
San. Authority						

# COST OF PUBLIC HEALTH SERVICES

## FOR THE YEAR ENDED 31ST MARCH, 1939.

### GROSS EXPENDITURE.

			£	s	d	£	s	d
Treatment of Tuberculosis	...	...	7366	7	8			
County Clinics	...	...	93	3	0			
						7459	10	8
Venereal Diseases	...	...				526	13	6
Infectious Diseases	...	...				34	18	9
Maternity and Child Welfare	...	...				3413	10	4
Provision of Midwives	...	...				4866	10	2
Sale of Food and Drugs Act	...	...				362	19	1
Welfare of the Blind	...	...				1971	16	10
Vaccination	...	...				125	6	11
Milk and Dairies	...	...				291	7	5
General Public Health	...	...				2233	13	2
Mental Deficiency	...	...				4521	11	8
<i>Housing—</i>								
Housing Act, 1936	...	...	122	0	0			
Housing (R.W.) Act	...	...	1495	0	0			
						1617	0	0
Water Supply	...	...				400	0	0
<i>Elementary Education—</i>								
Medical Inspection and Treatment			4302	17	7			
Blind, deaf, etc., children	...	...	2094	2	11			
						6397	0	6
<i>Higher Education—</i>								
Medical Inspection and Treatment						247	0	11
						£34,468	19	11



## FINANCIAL STATEMENT.

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The above figures with regard to the cost of the Public Health Services have been furnished by the County Accountant. It is, of course, necessary to point out that the figure is one of gross expenditure, and that a considerable proportion of this total is received in the form of Government grants and, to a less extent, as other income. The tuberculosis service is an expensive one, but very necessary. Part of the cost is attributable to the bad housing, insufficient feeding and infected milk, which help in one or other way to spread the disease. "Maternity and Child Welfare Services" covers all our Infant Visiting and Infant Welfare Clinics, as well as such items as Ante-Natal Services, Hospital Services and Medical Fees for Abnormal Midwifery Cases, and also the treatment of crippled children under the age of 5 years. About 60 per cent. of the cost of the Midwifery Service is paid by Exchequer Grant. The item for the Welfare of the Blind is actually spent by the Blind Society and represents most of their expenditure.

Mental Deficiency is a costly item and likely to become increasingly so for some years, not because of an increase in mental deficiency but because cases are now ascertained and brought under care which were previously under the care of the poor law authorities or were not dealt with at all, even when the protection of the community and of the defective made this eminently desirable. The other items in the list need no special comment. The Public Health Services are by no means costly, they represent about one-ninth of the total gross expenditure of the County Council, but their work cannot be measured in terms of money. Nor, indeed, can they be viewed as a single item in that vast system of ameliorative and social service which comprises not only local authority services but private doctors, hospitals, institutions and all kinds of voluntary agencies. But if no one part of the Service may claim all the credit the ameliorative result of their efforts is increasingly evident in the increased expectation of life, the falling infantile mortality and the disappearance or diminution of other diseases from the land. The people of our generation are fitter and healthier than ever they were; their continued physical security depends upon constant watchfulness within our own borders and constant effort outside them so that our standards of living and of health may not be threatened by low standards elsewhere. It is our reasonable excuse for the expenditure of money and effort, even when no immediate personal benefit may be expected, that not to spend this money or to expend this effort may mean not only suffering to those thus deprived of help, but will ultimately mean pain and loss to all the members of the community.

# STATISTICS, 1938.

Area of Administrative County (land & water)...	acres	239,794
Rateable Value ... ..	£	285,087
Produce of 1d. rate ... ..	£	1,137
Population (Census 1931) ... ..		77,705
Population (estim. to middle of year 1938) ... ..		81,480
No. of live Births in the year { males 649 { Legitimate 612 { Illegitimate 37 } { females 599 { Legitimate 575 { Illegitimate 24 }		1248
Birth-rate per 1,000 ... ..		15·32
No. of Still-births in the year { males 21 { Legitimate 21 { Illegitimate 0 } { females 21 { Legitimate 20 { Illegitimate 1 }		42
Still-birth rate per 1,000 total births ... ..		32·56
Total No. of Deaths in the year ... { males 524 } { females 449 }		973
Death-rate per 1,000 ... ..	{ uncorrected 11·94 { corrected ... 10·63	
No. of women dying in, or in consequence of, childbirth { from sepsis 0 { other causes 5 Total 5	Rate per 1,000 total Births — 3·87 3·87	
Number dying under 1 year old { males 48 { Legitimate 48 { Illegitimate 0 } { females 23 { Legitimate 22 { Illegitimate 1 }		71
Infantile Mortality-rate (per 1,000 Births) { in legitimates 58·97 } { in illegitimates 16·39 }		56·89
In males ... 73·95 { in legitimate males... 78·43 { in illegitimate males —		
In females... 38·39 { in legitimate females 38·26 { in illegitimate females 41·6		
Deaths from Measles (all ages) ... ..	—	
„ „ Whooping Cough (all ages) ... ..	1	
„ „ Diarrhoea (under 2 years of age) ... ..	1	
England and Wales—		
Birth-rate ... ..		15·1
Death-rate ... ..		11·6
Infantile Mortality-rate ... ..		53·0
Maternal Mortality-rate per 1,000 total births ... ..		2·97



## VITAL STATISTICS.

### POPULATION.

The Registrar General has supplied the figure of 81,480 as the estimated mid-year population for 1938.

This estimate is shown below with that for the four previous years. Owing to readjustment of boundaries in 1934 it is not possible to carry the figures further back.

1934	82,582
1935	82,500
1936	81,700
1937	81,590
1938	81,480

It will be noted that the fall in population this year is shown as exactly the same as last year. It must always be realised, however, that population figures other than actual census figures are only estimates.

### PROGRESS IN PUBLIC HEALTH.

The information set out below is of value in assessing changes and improvements in the public health during intervening years.

The figures of Birth Rate, Death Rate and Infant Mortality Rate for the early and later years are of interest.

		Birth Rate		Death Rate (Standardised)		Infant Mortality Rate
1911	..	28·85	..	12·16	..	121·00
1912	..	21·57	..	10·53	..	91·00
1913	..	23·65	..	10·64	..	95·24
<i>War Years—</i>						
1914	..	21·07	..	10·74	..	
1915	..	22·20	..	12·79	..	100·80
1916	..	20·6	..	12·05	..	84·06
1917	..	16·9	..	11·32	..	70·7
1918	..	16·5	..	13·53	..	109·3
1919	..	17·5	..	11·15	..	83·8
1920	..	22·7	..	9·85	..	69·04
1921	..	22·01	..	9·95	..	85·13
1936	..	16·24	..	10·88	..	60·29
1937	..	15·97	..	10·77	..	58·35
1938	..	15·33	..	10·62	..	56·89

So far as the birth rate is concerned it will be noted that except in the immediate post-war years there has been a steady decline and that the rate has in 1938 reached its lowest level so far. On the other hand, the rate in the country generally reached its lowest level in 1933, but for the last three years there has been a slight sustained rise. In any event the Isle of Ely rate is still slightly above that for England and Wales.

The infantile mortality-rate is the best index of improvement in health generally and it is notable that the rate now is only half what it was in 1911. It is well, having regard to the low birth-rate, that more babies live to reach their first birthday and, in fact, to reach adult life. It is sometimes objected that the lives thus being saved are the inferior specimens which are hardly worth saving and likely to be a burden to the community. While this may be so in isolated cases, there is no evidence that these sub-standard individuals are in any greater proportion than in former days since, in fact, the whole standard of life generally has been raised. It is not necessary to be of any great age to recall the time when deformed and crippled people were in much greater evidence than they are today. It is now quite a rarity to see anyone with club-foot for instance, while the presence of any marked degree of rickety deformity is also uncommon. Scars in the neck and discharging sores from broken down tuberculous glands are also very uncommon now, and with proper attention to the milk supply should become even less frequent. The advance is a real one.

The figures of the death-rate show no dramatic changes in the period shown. Were it possible to take the figures back to the middle of last century, however, and assuming the tendency has been the same in the county as in England and Wales generally, it would be seen that here also there is improvement. For instance, the England and Wales death-rate for the period 1871—1880 was 21·4 per 1,000 and in 1938, 12·8. Possibly we can only hope now to influence the death-rate at specific ages and from specific causes. The proportion of deaths, occurring at the higher ages, will no doubt increase since, while we may postpone the reaping, Death's sickle takes us all at last. Physical immortality is not yet within our grasp.

### BIRTHS.

The births in the Urban Districts numbered 760 (381 males and 379 females), this being a birth-rate of 15·33 per thousand of population.

In the Rural Districts the births numbered 488 (268 males and 220 females), the Rural birth-rate being 15·29 per thousand.

The total births for the County numbered 1,248 (649 males and 599 females), a birth-rate of 15·32 per thousand. This compares with a birth-rate for England and Wales of 15·1 per thousand.

The illegitimate births in the Urban Districts numbered 41, a rate of 53·95 per 1,000 births. Of this 41, 27 were males and 14 females, giving rates of 70·87 and 34·94 respectively.

For the Rural Districts there were 20 illegitimate births, a rate of 40·98. Of these, 10 were males and 10 females, giving rates of 37·31 and 45·45 respectively.

Taking the County as a whole the illegitimate births numbered 61, or a rate of 48·88. There were 37 male and 24 female illegitimate births, and this gives rates of 57·0 and 40·0 respectively.

The birth-rate shows a decrease as compared with last year, and this applies to both the Urban and Rural Areas. The rate for the Isle is still above that for the whole country, the respective rates being 15·33 and 15·1.

#### DEATHS.

The deaths in 1938 numbered 973 compared with 987 in 1937. Of these 973 deaths (524 males and 449 females), 597 occurred in the Urban areas and 376 in the Rural, giving an uncorrected death-rate per thousand of 12·04 and 11·79 respectively.

When corrected, however, by the factors for comparability, the Urban death-rate becomes 10·48 per thousand, and the Rural 10·73, whilst the rate for the whole County is 11·94 uncorrected, or 10·63 per thousand when corrected, these figures comparing with a rate of 12·4 for England and Wales.

The figures for the several areas are shown in the following table:—

Area.		Factor for Correction.		Apparent death-rate.		Corrected death-rate.
Chatteris	...	0·85	...	11·79	...	10·03
Ely Urban	...	0·84	...	13·53	...	11·37
March...	...	0·93	...	10·25	...	9·53
Whittlesey	...	0·89	...	11·29	...	10·05
Wisbech Borough	...	0·84	...	13·12	...	11·02
Ely Rural	...	0·83	...	15·53	...	10·39
North Witchford	...	0·90	...	10·59	...	9·53
Thorney	...	1·12	...	13·05	...	14·62
Wisbech Rural...	...	0·98	...	11·22	...	10·99
Aggregate Isle of Ely						
Urban Districts	...	0·87	...	12·04	...	10·48
Do. Rural Districts	...	0·91	...	11·79	...	10·73
Whole Isle of Ely	...	0·89	...	11·94	...	10·63
England and Wales	...	—	..	—	...	12·4



### INFANTILE MORTALITY.

The death-rate in infants under one year per 1,000 births was 56·89 in 1938.

The rate in the country as a whole was 53, a decrease of 5 per 1,000 as compared with the previous year.

In this county there was 1 death from whooping cough in children under one year in 1938 as compared with 5 in the previous year. The group labelled congenital debility and malformation showed 52 out of the 71 infantile deaths. As I said in the last Report, most of these deaths occur in the first month and are apparently little affected by measures directed to the reduction of infantile mortality generally.

The other principal cause of death under 1 year is pneumonia, and this accounted for 7 of the total deaths, a considerable decrease as compared with 15 last year. Bad housing, overcrowding and other environmental factors undoubtedly affect this part of the rate.

The balance of the infantile deaths resulted from a variety of causes, no one of which was outstanding.

The figures in the table below show a considerable irregularity in the infantile mortality-rate. It is, however, lower than was the general experience in the previous ten years (1917—26).

		Isle.		England & Wales.
1927	...	64·91	...	69
1928	...	58·94	...	65
1929	...	83·33	...	74
1930	...	52·19	...	60
1931	...	58·11	...	66
1932	...	53·68	...	65
1933	...	57·77	...	64
1934	...	58·89	...	59
1935	...	46·49	...	57
1936	...	60·29	...	59
1937	...	58·33	...	58
1938	...	56·89	...	53

### MATERNAL MORTALITY.

Five women died in, or in consequence of child-birth, a decrease of five on the corresponding figure last year.

It is noteworthy that none of the deaths were due to puerperal sepsis. As I said then, the high figure for maternal deaths shown in

1937 was a chance increase and the figure this year, representing a maternal mortality-rate of 3·87, will, I hope, be even further reduced next year. The increasing attention now being given to ante-natal services will, I trust, bear fruit in this direction.

#### DEATHS FROM ZYMOTIC DISEASES.

The deaths from these diseases in the County in 1938 comprised one from Whooping Cough, six from Diphtheria, twelve from Influenza and one from Encephalitis Lethargica.

#### DEATHS FROM TUBERCULOSIS.

There were 24 deaths from pulmonary tuberculosis (13 in males and 11 in females) during 1938. This number is a decrease of thirteen on that of the previous year.

The deaths from other forms of the disease numbered 12, an increase of six on the figure for the previous year.

The following are the death-rates per thousand from tuberculosis since 1926 :—

		Pulmonary.		Non- Pulmonary.		Total.
1926	...	·506	...	·195	...	·701
1927	...	·568	...	·052	...	·620
1928	...	·810	...	·116	...	·926
1929	...	·614	...	·154	...	·768
1930	...	·476	...	·154	...	·630
1931	...	·412	...	·219	...	·631
1932	...	·458	...	·153	...	·611
1933	...	·456	...	·177	...	·633
1934	...	·489	...	·123	...	·612
1935	...	·436	...	·109	...	·545
1936	...	·392	...	·147	...	·538
1937	...	·453	...	·074	...	·527
1938	...	·294	...	·147	...	·441

It will be seen that the death-rate for the pulmonary form of the disease shows a decrease as compared with 1937, while the non-pulmonary rate has risen.

It should be remembered that the population on which these rates are calculated is a somewhat small one, so that a small difference in the total number of deaths in any year may make a considerable

difference to the rate. For this reason, comparisons between single years are not so useful as comparisons between the average rates per year over longer terms of years.

A study of the death-rates for a period of years shown above is interesting as showing that, while the general tendency is toward a falling mortality for tuberculosis in general, the fall is very erratic. It is noteworthy, however, that the death-rate from pulmonary tuberculosis has this year reached a record low level.

There is still much preventable tuberculosis and it is still necessary to use every means to ensure that its sources are effectively dealt with. The remedy is largely in the hands of the individual members of the community themselves. There are practically only two sources of infection, infected persons and infected milk. Sufferers from the disease are advised how to prevent its spread by destroying infected secretions and by avoiding close contact with other members of the community, particularly their own families. A careful following out of such advice would do much to prevent new cases arising. Unfortunately much of the trouble arises because the diagnosis is not made early enough, or the proper treatment secured, and this is often because the patient will not go to his doctor when he first begins to feel unwell.

So far as milk borne tuberculosis is concerned, the remedy lies in eliminating the danger from the milk and eliminating tubercle from the cattle. The method of securing safe milk as regards the danger of tuberculosis is to buy efficiently pasteurised milk, to obtain it from cows which have recently passed the tuberculin test, or failing either of these, to boil it. It is to be hoped that the recent inauguration of a full time Veterinary Service will be but a prelude not only to a drive to eliminate tuberculosis from the cattle in this County, but also to the securing of a national milk supply which can be consumed with complete confidence. Until this is so the medical profession cannot be expected whole-heartedly to support any campaign to increase the consumption of raw milk.

#### INCIDENCE OF CANCER.

Of the total number of deaths occurring in the County (973), no less than 162 were caused by Cancer. This is a percentage of 16·5 as against 13·5 last year. The operation of the Cancer Act just put on the Statute Book may help to reduce this figure, but too much must not be expected in this direction. If the facilities for specialist diagnosis to be provided are made very wide so as to lighten the emphasis on the possibility of cancer and to provide, in fact, a surgical consultant service of wide application there is a chance of achieving something really useful to the health of the community.



The principle of the provision of piece-meal health services, as we have in our tuberculosis schemes, which cannot cover such serious chest conditions as bronchiectasis; maternity schemes which cannot deal with gynaecological conditions, and similar partial devices such as are frequently provided in the school medical service are, in my view, thoroughly unsatisfactory, and often lead to scorn being poured on local authority services for shortcomings which are the results of legal limitations.

However, there appears to be no mention in the Cancer Act of the possibility of any charge being made to ratepayers seen under an authority's scheme, and it should therefore be possible to secure such arrangements that the question of cancer need never be mentioned so far as the patient is concerned, and certainly not at the time when he, or she, is referred for diagnosis. It is said, in support of live cancer clinics, that we must be open and frank in our dealings with the matter. It is equally true, and much more helpful, to remember that the unnecessary stressing of the word "cancer" may mean the implanting of a fear and a distress of mind which will not only cause much unnecessary suffering, but which may even lead to graver illness.

After all, it is to be hoped that the majority of cases seen for diagnosis under our cancer schemes will prove not to be cancerous at all. Unless this is so, indeed, the scheme will not be serving its purpose, since cases in the very earliest stages will not have been referred. It would have been far better to have it enacted that each local authority should provide proper consultant facilities for all diseases and to have left it to administrative action by the local or central authority to secure that the arrangements provided in each area ensured proper attention to the medical and surgical aspects, both of cancer and tuberculosis, and that the obstetric consultant was also sufficiently competent in dealing with those diseased in his own province of gynaecology and obstetrics. It would then be unnecessary to talk of Cancer Clinics or Tuberculosis Clinics, whose very name would seem to imply, and quite falsely, that these diseases can immediately be delimited from all other medical and surgical conditions.

#### OTHER DEATHS.

Full details of the causes of death in the County are shown in the sub-joined tables.

It is noteworthy that of the total of 973 deaths, 32 per cent. were aged 75 years or over.







Causes of Death at Different Periods of Life in the Administrative County of Isle of Ely in 1938.

CAUSES OF DEATH.	Sex.	Aggregate of Urban Districts.										Aggregate of Rural Districts.									
		All Ages.					75 & upwards					All Ages.					75 & upwards				
		0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—
ALL CAUSES .. ..	M.	317	32	3	4	9	6	10	13	21	45	86	207	16	2	4	9	13	6	18	21
	F.	280	10	2	4	5	9	9	15	17	38	97	169	13	2	5	2	4	5	11	34
1. Typhoid & Paratyphoid Fevers	M.	1	..	..	..	..	..	..	..	..	1	..	0	..	..	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..
2. Measles .. ..	M.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..
3. Scarlet Fever ..	M.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..
4. Whooping Cough ..	M.	0	..	..	..	..	..	..	..	..	..	..	0	..	1	..	..	..	..	..	..
	F.	0	..	..	2	1	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..
5. Diphtheria .. ..	M.	3	..	..	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..
	F.	2	..	..	..	1	..	..	..	1	2	..	0	..	..	..	..	..	..	..	..
6. Influenza .. ..	M.	5	..	1	..	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	1
	F.	6	..	..	..	..	..	..	..	1	1	2	0	..	..	..	..	..	..	..	..
7. Encephalitis Lethargica ..	M.	0	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..
	F.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..
8. Cerebro-spinal Fever ..	M.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..
	F.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	..	..
9. Tuberculosis of Resp'y System	M.	6	..	..	..	..	1	1	1	1	3	..	7	..	..	1	3	1	1	1	1
	F.	9	1	..	1	2	2	2	3	..	..	1	4	..	..	..	1	1	1	..	1
10. Other Tuberculous Diseases ..	M.	6	..	..	1	2	..	..	1	..	..	..	2	..	..	1	1	..	..	..	..
	F.	2	..	..	1	1	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..
11. Syphilis .. ..	M.	0	..	..	..	..	..	..	..	..	..	..	0	..	..	..	..	..	..	1	..
	F.	0	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..
12. General Paralysis of the Insane, tabes dorsalis ..	M.	0	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	1	..	..
	F.	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..
13. Cancer, malignant disease ..	M.	52	..	..	..	..	2	1	2	4	12	13	29	..	..	..	1	1	4	3	13
	F.	51	..	..	..	..	2	1	2	5	15	13	30	..	..	..	1	1	3	4	10
14. Diabetes .. ..	M.	4	..	..	..	..	..	..	..	1	..	1	3	..	..	1	..	..	..	2	2
	F.	4	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..





## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

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No changes have taken place in the arrangements for Poor Law Medical Relief in the area during the year. It is, in my view, a great pity that the system of special appointments of District Medical Officers for Poor Law cases is still being continued. The "open choice" system, whereby necessitous patients may be treated by a doctor of their own choice (paid on a *per capita* basis), would not only be a great improvement from the patients' point of view but would almost certainly be a part of any national medical service scheme. It is true that in some rural areas there is, in fact, no choice of doctor in any case, but generally speaking there is such a choice. It is particularly in small towns that difficulties arise from the fact that patients, through no fault of their own, may have, on account of poverty, to give up their own family doctor who does not happen to be the appointed District Medical Officer and to call in the latter.

### INSTITUTIONAL MEDICAL SERVICES.

I said last year that the Council had committed itself to the policy of maintaining the three institutions, but once again this whole matter has been thrown into the melting pot, owing to the fact that the three institutions are, in fact, only little more than half full and are unlikely to be completely occupied unless a national emergency should develop. I wish to stress again the need which exists in the county for hospital accommodation which will not have attached to it the stigma of the poor law. At the moment we have but one small voluntary hospital in the County and for the major part are dependent, as regards hospital treatment, on institutions outside our own area. Incidentally, when a rearrangement of local government areas takes place, as seems inevitable, the extent to which any area has provided itself with modern and sufficient facilities for the care of the sick, the tuberculous, the mental and physical defectives, will be a matter of some importance as indicating the ability of that area to maintain its autonomy with efficiency and with economy.

### INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

I wrote last year that plans were in an advanced stage for the proposed new Home at March. It is not yet erected and, in fact, seems likely to be further delayed on account of a possible relation to the question of maintaining the three Public Assistance Institutions. It



is three-and-a-half years ago since the Council decided that a Home for Mental Defectives should be erected in the area, and that even now not a brick should be laid is a comment not without point on the efficiency of the machinery of local and central government. It is true that these are abnormal times, but one has only to view the speed with which work relating to National Defence has been carried out in the last year to eighteen months throughout the country to realise that delay need not be inevitable.

During the year the Institution at Ely has continued in use, but cannot possibly be considered as in any permanent sense satisfactory.

From time to time vacancies are obtained in various Institutions and suitable cases admitted. Most of these Institutions are, however, at a considerable distance from the County and this is an unsatisfactory arrangement. It also militates against the removal of certain cases which undoubtedly would benefit by Institutional care but whose guardians refuse to allow them to go so far from home.

It is also becoming increasingly difficult to secure vacancies in the various Institutions.

Miss A. Mort, one of the Council's Health Visitors, continues to undertake the visiting of mental defectives for the purpose of supervision and also assists in the work of ascertainment.

On 31st December, 1938, there was known to be 245 mental defectives for whose maintenance the County Council is, or may become, responsible.

The following Table sets out in detail the classification and whether at home or in Institution.

Classification—	Males		Females		
	At Home	In Institution	At Home	In Institution	Under Guardian-ship
Feebleminded ... ..	71	16	50	21	3
Imbeciles ... ..	22	15	15	13	—
Idiots ... ..	2	4	6	5	—
Moral Imbeciles ... ..	—	1	—	1	—
	95	36	71	40	3
	131		114		
	Total 245				

## ORTHOPAEDIC TREATMENT.

No change has taken place in the arrangements noted in last year's Report. Orthopaedic clinics situated in the County or attended by patients from the County are held as follows:—

Place	Address	Surgeon	Time
Ely	Central Hall, Ely.	Dr. Roderick	2nd Thursday 11 a.m. and 4th Thursday (Orthopaedic Sister only) 11 a.m. each month.
Wisbech	North Cambs. Hospital	Dr. Roderick	1st Thursday each month at 11 a.m.
Peterborough	Memorial Hospital	Dr. Wilson-Stuart	1st, 3rd & 4th Tuesday each month at 2 p.m.

## AMBULANCE SERVICES.

An ambulance has now been stationed at Manea and is under the control of the St. John Ambulance Association in that village. This ambulance was previously in use at Whittlesey, where a new ambulance has been purchased, as has also been the case in Chatteris.

The number of ambulances in the County and the authorities owning or controlling them are as follows:—

## ACCIDENT, ETC., AMBULANCES.

Urban Districts and Boroughs	No. of Ambulances	Controlling Authority or Body	Where kept.
Chatteris	One	Chatteris Ambulance Committee.	Messrs. Crawley & Crawley's, Chatteris.
Ely	One	Joint Committee for Ely U.D.C. and R.D.C.	Fire Station, Lynn Road, Ely.
March	One	March U.D.C.	Messrs. Peck & Packer's Garage, March.
Whittlesey	One	St. John Ambulance Brigade.	Messrs. Morley's Garage, West End, Whittlesey.
Wisbech Borough	Two	Joint Committee for Borough of Wisbech, Wisbech & Marshland R.D.C's.	Messrs. Johnson's Garage, Church Terrace, Wisbech.

Rural Districts	No. of Ambulances	Controlling Authority or Body	Where kept
Ely	<i>See Ely U.D.C.</i>		
North Witchford	One	St. John Ambulance Brigade	Beart's Farm, Manea.
Thorney	—	—	—
Wisbech	<i>See Wisbech Borough.</i>		

### INFECTIOUS DISEASES' AMBULANCES.

	No. of Ambulances	Controlling Authority or Body	Where kept
Wisbech	One	Wisbech Joint Isolation Hospital Board	Messrs. Johnson's Garage, Church Terrace, Wisbech.
Ely	One	Ely Joint Isolation Hospital Board	Isolation Hospital, Ely.

These are permanent ambulances, and improvised ambulances for A.R.P. Casualty Services are not included.

### MEDICAL BENEFIT ADMINISTRATION UNDER THE NATIONAL HEALTH INSURANCE ACTS.

The following details regarding medical benefit for insured persons have been supplied by Mr. Edwards, the Clerk to the Insurance Committee, to whom I am obliged for his co-operation.

	1938	1937	1936
No. of doctors on Panel List	43	44	44
No. of chemists' shops ...	19	17	17
Average permanent insured population	35,097	32,925	31,672
No. temporary residents treated	1,775	1,774	1,945
Average total No. on doctors' panels	34,500	32,557	31,403
Average No. on doctors' lists for medicines	13,899	13,042	12,628
Average No. on chemists' lists for medicines	22,376	21,289	20,720
No. of prescriptions issued	96,253	89,670	88,554

	£	s	d	£	s	d	£	s	d
Average cost									
per prescription	0	0	8·68	0	0	8·52	0	0	8·32
Average cost per									
person (medicines)	0	3	1·33	0	2	11·91	0	2	11·56
Total cost of									
prescriptions	3,480	3	1	3,185	5	0	3,070	9	8
Total cost of insulin	104	4	5	67	7	11	78	11	0
Payments due to									
doctors & chemists	23,042	8	9	21,649	9	7	20,670	12	3

### SPECIAL INVESTIGATIONS.

During the year the Education Committee co-operated in a national investigation whose general plan is indicated in the following extract from the Annual Report of the Chief Medical Officer of the Ministry of Health for 1937 :—

#### *CARNEGIE RESEARCH.*

At the beginning of the year Sir John Orr was approached by the Carnegie United Kingdom Trust to consider the possibility of making a thorough investigation of food production in the United Kingdom. He informed the members of the Trust that the investigation could best be carried out by approaching it from the health rather than from the agricultural aspect and he agreed, at the request of the Trust, to present to them a nation-wide scheme of research on health in relation to intake of food. The scheme was approved by the Trust, who are to bear all expenses. The Ministry of Health and Department of Health for Scotland have arranged to give whatever assistance is practicable and may be desired. The plan of the research is briefly as follows :—

The diets of 2,000 families of different social and economic standing are to be surveyed by the precise method of dietary investigation.. The families will be selected from different parts of Great Britain, both urban and rural. The children and adolescents of these families will be subjected to at least one comprehensive clinical investigation, the aim of which is to determine, by the most objective methods available, the state of development and state of nutrition of the children. These will then be related with the composition of the family diets.



In addition to the dietary and clinical surveys, feeding experiments will be conducted in a few areas. These will consist in the feeding to the children in the schools, and the pre-school children at their own homes, of supplements of foodstuffs containing sufficient quantities of those nutriments shown by the dietary studies to be deficient in the home diet, relative to the League of Nations' suggestions. These supplements will be given to the children for at least a year. The home diets will be surveyed and the children clinically examined a second and, if possible, a third time.

The headquarters of the investigation is the Rowett Institute, Aberdeen, the Director of which is responsible for the general plans.

The national and international importance of such a study is enormous, not only from the health point of view, but also on account of possible economic implications. The Isle of Ely is indeed honoured in its selection as one of the experimental areas and we shall await the result of the study with very great interest.

## SANITARY CIRCUMSTANCES OF THE AREA.

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### WATER SUPPLY.

I noted last year that an inquiry was being held by an officer of the Ministry of Health into the question of shortage of water at Chatteris and Manea. As a result certain amendments were made in the manner of distribution of the water and this appears to have solved the main difficulties.

I must again report no change so far as Benwick and part of the Wisbech Rural District are concerned and the position is most unsatisfactory. The Wisbech Rural District Council are negotiating with the Wisbech Water Works Company in the matter as regards their own district. Meanwhile, with the possibility of a large and sudden increase of population as a result of evacuation it is my view that the matter is one not only of urgency, but even of great urgency, if the situation is to be adequately and expeditiously dealt with.

One is afraid, however, that any action which is likely to be taken at an early date will leave unaffected the major part of the problem, which is the supply of the more rural areas where long lengths of unproductive main make the provision of an adequate water supply a most expensive procedure.

### SEWERAGE.

I referred last year to the completion of the Whittlesey sewerage scheme. In Ely certain difficulties which arose as regards the site of the new sewerage works have, I understand, been now satisfactorily dealt with and the actual work on the scheme is not likely to be long in commencing. Plans for the March sewerage scheme are still under consideration.

### HOUSING.

The schedule on page 34, which has been brought up-to-date from last year, sets out certain interesting matters relating to housing in the area and it will, no doubt, be instructive to the members of local councils who wish to compare the position in their own area with that obtaining in others. It must be noted, however, that areas vary greatly in the amount of old and insanitary property to be found in them and places of recent growth are unlikely to have a large proportion of unsatisfactory housing.

No figures have been furnished in respect of the Chatteris area for the period under review.





URBAN DISTRICTS.

	Ely	Chatteris	March	Whittlesey	Wisbech Borough
1—Number of inhabited houses in the District	2569	—	3973	2364	4443
2—Number of houses statutorily reported to the Local Authority as “unfit for human habitation” during the period beginning 1st April, 1931, and ending 31st Mar., 1939	68	—	81	194	218
3—Number of houses included in— (a) Demolition Order .. .. . (b) Clearance Order in the period indicated	35 Nil	— —	50 nil	20 99	61 147
4—Number of houses actually demolished or cleared in the period .. .. .	40	—	64	Nil	156
5—Number of houses erected by the Local Authority— (a) Houses with 4 or more bedrooms .. (b) Houses with 3 bedrooms .. .. (c) Houses with less than 3 bedrooms .. ( <i>e.g.</i> , bungalows for aged couples)	Prior to 1924 1924-30 1930-38 .. .. . 48 158 98 9 14 20	Prior to 1924 1924-30 1930-38 2 .. .. 20 72 .. .. .. .	Prior to 1924 1924-30 1930-38 .. .. . 26 164 10 .. .. . .. 82 12	Prior to 1924 1924-30 1930-38 .. .. . 38 84 84 .. .. .	Prior to 1924 1924-30 1930-38 8 .. .. 42 112 233 5 .. .. 8 6
5a—Number of Council houses having— (a) a piped water supply .. .. . (b) fixed bath .. .. .	347 265	Every house has a fixed bath and a piped water supply.	294 218	210 90	416 401
6—Particulars of Rents (inclusive of rates) at which Council houses are let— (a) 4 bedrooms or more .. .. . (b) 3 bedrooms .. .. . (c) less than 3 bedrooms .. .. .	— 6/- to 11/1 4/4 to 6/9	10/6 7/- to 9/9 5/9 to 6/9	7/6 6/2 to 12/6 4/6	— 5/8 to 11/11 —	7/3 to 12/6 4/3 to 13/- 8/-
7—Is any difficulty experienced in letting Council houses? .. .. .	No	—	No	No	No
8—Number of Council houses vacant at the end of 1938 .. .. .	None	—	13	None	None

# RURAL DISTRICTS.

	Ely	North Witchford	Thorney	Wisbech
1—Number of inhabited houses in the District ..	2962	1439	532	3452
2—Number of houses statutorily reported to the Local Authority as “unfit for human habitation” during the period beginning 1st April, 1931, and ending 31st March, 1939 .. ..	490	29	6	79
3—Number of houses included in— (a) Demolition Order .. .. (b) Clearance Order in the period indicated ..	247 35	10 ..	6 ..	8 5
4—Number of houses actually demolished or cleared in the period .. ..	138	11	4	18
5—Number of houses erected by the Local Authority— (a) Houses with 4 or more bedrooms.. .. (b) Houses with 3 bedrooms .. .. (c) Houses with less than 3 bedrooms .. .. (e.g., bungalows for aged couples)	Prior to 1924 .. .. 1924-30 .. .. 1930-38 16 100 27	Prior to 1924 .. .. 1924-30 .. .. 1930-38 .. .. 52 ..	Prior to 1924 .. .. 1924-30 .. .. 1930-38 .. .. 4 ..	Prior to 1924 .. .. 1924-30 .. .. 1930-38 10 130 10
5a—Number of Council houses having— (a) a piped water supply .. .. (b) a fixed bath .. ..	589 433	74 24	46 4	164 160
6—Particulars of Rents (inclusive of rates) at which Council houses are let— (a) 4 bedrooms or more.. .. (b) 3 bedrooms .. .. (c) less than 3 bedrooms .. ..	6/- 4/6 to 8/- 2/8 to 5/-	6/- to 7/-	5/11 to 11/-	5/6 to 7/0
7—Is any difficulty experienced in letting Council houses? .. ..	No	No	No	No
8—Number of Council houses vacant at the end of 1938 .. ..	None	None	None	None

## SCHOOLS.

The sanitary condition of the schools continues to improve though progress is often exceedingly slow. Steps have now been taken to remedy the dangerous overcrowding in the Whittlesey Junior and Infant Schools, pending the erection of new senior and infant schools.

The following is a summary of notifications of infectious disease received from head teachers.

Schools concerned	Scarlet fever	Diphtheria	Whooping cough	Chicken pox	Measles	German measles	Mumps	Ringworm	Impetigo	Influenza	Total
75	67	37	110	453	255	710	686	17	2	1	2338

No schools were closed by or at the instance of the Local Sanitary Authority.

## INSPECTION AND SUPERVISION OF FOOD.

(a) *Milk Supply.*

While ordinary cleanliness is a necessary feature of a satisfactory milk supply, it does not ensure that that milk supply is *safe*. Even the very desirable increase in the number of tubercle free herds in the County will not solve the problem. Only pasteurisation will provide this country with a safe milk supply. It is only confusing the issue to say that this would subsidise the production of dirty milk, or would discourage the production of tubercle free herds. Neither the production of "clean" milk or tubercle free herds will protect the public against all the diseases which have been traced to infected milk. The production of "clean" milk is not something which we ought to subsidise, it is the manifest duty of every dairyman to see that his milk is clean, whether it be pasteurised thereafter or not. And tuberculosis is only one of the diseases which can be carried by milk. I speak strongly on this subject because I feel it is my duty to do so, and would support my statements by the following list of some of the epidemics which have been traced to infected milk.



1. Paratyphoid fever, Borough of Chorley, 1924.—57 known cases.
2. Paratyphoid fever, Hertfordshire, 1927.—166 known cases.
3. Streptococcal tonsillitis, Brighton and Hove, 1929.—1,000 families, 65 deaths.
4. Scarlet fever, Denham, 1935.—100 known cases, 2 deaths.
5. Scarlet fever, Chelmsford and District, 1935.—487 cases, 6 deaths.
6. Typhoid fever, Bournemouth and Poole, 1936.—900 persons, 51 deaths.
7. Gastro-enteritis, Wilton, 1936.—100 cases, no deaths.
8. Scarlet fever, Doncaster, 1936.—186 cases, 3 deaths.

These are the large and well-known epidemics, but similar outbreaks on a small scale are very frequent indeed. All the epidemics were traced to raw milk and came to an end on the discontinuance or pasteurisation of the supply. It is also considered likely that raw milk may be the cause of other diseases than those mentioned. It is estimated that 400—500 cases of undulant fever occur in this country per year, though not all are diagnosed as such. Undulant fever is due to the *brucella abortus* and reference is made in the 1937 Report of the Chief Medical Officer to the Ministry of Health to the “very widespread infection of the raw milk supply with the causative organism.” Two cases of undulant fever, with strong presumptive evidence of an origin from raw milk, have come to my notice in this county during recent months. I have similar knowledge of three recent cases of paratyphoid fever with raw milk as the presumptive source. So much for the dangers of raw milk.

Can pasteurisation prevent such outbreaks of disease as those mentioned? Here are some extracts from the Annual Reports of the Chief Medical Officer to the Ministry of Health.

“Fortunately, efficient pasteurisation affords a simple means of rendering milk containing tubercle bacilli safe for human consumption.” (1937).

(With reference to the incidence of undulant fever.)

“There can be no doubt as to the importance of protecting the milk consumer from possible infection by means of pasteurisation.” (1937).

(Referring to the Bournemouth typhoid epidemic).

“Steps were at once taken to render the supply safe by pasteurisation, which proved immediately successful.” (1936).

One could multiply statements such as these, whose accuracy cannot be called in question.

Then another objection to pasteurisation is this, namely, that it interferes with the quality of the milk. From the same Reports as those mentioned above I quote the following:—

“Evidence that there is no significant difference in nutritive value between raw and pasteurised milk continues to accumulate.” (1936).

“This inquiry also provided important information in regard to the relative nutritive value of raw and pasteurised milk which reinforces the steadily accumulating evidence that pasteurisation has no significant effect upon the nutritive value of milk. No constant differences were observed between the growth rates of the children receiving raw milk and those of children receiving pasteurised milk.” (1937).

One common complaint is that pasteurised milk “tastes different” to raw milk. I venture to suggest that in the case of milk pasteurised according to the standards laid down by the Ministry of Health, any alleged differences are imaginary. In the early days of pasteurisation, however, some dairymen, in order to improve the keeping quality of their milk, “flash” pasteurised it. This method is not approved by the Ministry and milk so treated cannot now be sold as pasteurised; besides being ineffective it also gave occasionally a slightly charred taste to the milk and this is the probable source of the “taste” complaint. Incidentally, many people drink unofficially pasteurised milk without knowing it, since retailers sometimes buy from various combines “accommodation milk” to eke out their own supply and this milk is frequently pasteurised. A housewife who was sold such unofficially pasteurised milk by her dairyman, who did not disclose its source, commented that the taste was much better than pasteurised milk, which she had been giving a trial! The bulk of the milk sold in London is pasteurised. So far as I know there has been no outcry about the taste.

Meanwhile, there are, of course, areas in the County where pasteurised milk is not available and schools where existing arrangements cannot very well be abrogated at present. I hope, however, that the time may not be far distant when we can

insist on a pasteurised milk supply in every school and when only pasteurised milk will be consumed in every home.

(b) *Sampling of Milk.*

The arrangements for the examination of milk for tubercle bacilli which were detailed in the Report for 1932 have continued in force.

67 samples of milk were submitted for examination, all of which were collected at the time of sale. In one sample, tubercle were found and, following veterinary examination of the herd, one animal was ordered to be destroyed.

During the year two accredited producers had licences suspended for continued failure to produce milk of the required accredited standard.

The samples are now taken on behalf of the Department by an officer of the Weights and Measures Department and the arrangement is very satisfactory.

(c) *Meat and other Foods.*

The inspection of meat, slaughter houses, shops, stalls and vehicles and places where food is prepared is undertaken by officials of the local sanitary authorities and not by the County Council.

(d) *Adulteration.*

284 samples were submitted for analysis. 174 of these were of milk and 38 were regarded as adulterated or not up to standard.

Proceedings were instituted against the vendors in six cases of added water.



Samples taken in 1938	Total	Benwick	Chatteris	Chettisham	Christchurch	Coates	Coveney	Doddington	Elm	Ely	Emneth	Friday Bridge	Gorefield	Guyhirne	Haddenham	Leverington	Little Downham	Littleport
Aspirin ..	3	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	11
Barley Sugar																		
Sweets	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Butter ..	8	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	22
Cheese..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..
„ (Dutch)	2	..	2	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
„ (Velveta)	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ (Cream)	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cocoa ..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Coffee ..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Corned Beef ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cream ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cream (bottled)	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Currants ..	2	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Dates ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dripping ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Eucalyptus Oil	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Extract of																		
Herbs	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Flour ..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ (s.-r'sing)	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fruit Salad																		
(dried)	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Ice Cream ..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Iodine ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Jelly Crystals																		
(Raspberry)	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Jam (Rasp.) ..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Jam (Straw.) ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lard ..	6	..	2	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Margarine ..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Milk ..	174	1	9	9	..	1	14	1	1	12	4	..	1	2	4	1	1	3
Passion Fruit																		
Preserve	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pears (tinned)	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Prunes ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Raisins ..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Rice ..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Salad Cream ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Salmon ..	3	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Sandwich																		
(chocolate)	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sardines																		
(Tom. Sauce)	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Sardines																		
(Olive Oil)	2	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Sausage ..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sugar ..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ (brown) ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sultanas ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Swiss Roll																		
(chocolate)	9	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
Tea ..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Tomato																		
Ketchup	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Vinegar ..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
Totals ..	284	1	14	9	2	1	14	2	4	18	4	4	1	2	8	1	1	13



Samples taken in 1938	Manea	March	Mepal	Outwell	Parson Drove	Stonea	Stretham	Sutton	Thorney	Upwell	Whittlesey	Wilburton	Wimblington	Witcham	Witchford	Wisbech	Wisbech St. Mary
Aspirin ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Barley Sugar	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sweets	..	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Butter ..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cheese..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ (Dutch)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ (Velveta)	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ (Cream)	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cocoa ..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Coffee ..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	3	..
Corned Beef ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cream ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Cream (bottled)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Currants ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dates ..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Dripping ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Eucalyptus Oil	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Extract of	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Herbs	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Flour ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
„ (s.-r'sing)	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fruit Salad	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(dried)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ice Cream ..	..	1	..	..	..	..	..	1	..	..	1	..	..	..	..	2	..
Iodine ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Jelly Crystals	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(Raspberry)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Jam (Rasp.) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Jam (Straw.)..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lard ..	..	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Margarine ..	..	2	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Milk ..	..	20	16	3	1	1	2	2	3	1	12	..	6	18	5	17	3
Passion Fruit	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Preserve	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pears (tinned)	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
Prunes ..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Raisins ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rice ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Salad Cream ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Salmon ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..
Sandwich	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(chocolate)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
Sardines	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(Tom. Sauce)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sardines	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(Olive Oil)	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sausage ..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..
Sugar ..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
„ (brown) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Sultanas ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Swiss Roll	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(chocolate)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	..
Tea ..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	3	..
Tomato	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ketchup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Vinegar ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..
Totals ..	4	40	19	5	1	1	3	3	3	2	24	1	10	18	5	42	4

(e) *Chemical and Bacteriological Examination of Food.*

Samples of Food taken by the Inspector of Weights and Measures are forwarded for analysis to Mr. S. Greenburgh, Public Analyst, at Cambridge.

The examinations include enquiry into the nature of samples with regard to adulteration or deficiency in constitution, and also as to the presence of preservatives.

No bacteriological examination of food is undertaken by the County Council.

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

*Scarlet Fever.*—There is a fall this year in the number of cases of scarlet fever in both urban and rural areas, and the fall in the total number of cases notified has been continuous over the last four years. The peak year since 1920 was 1930, when 334 cases were noted in the County, the next highest total being in 1921 with 313 cases. The lowest year was 1923, with a total of only 25 cases—a figure which has never been approached in any year since. Of course, figures of the incidence of disease are influenced to some extent by the amount of public attention directed to it and by the findings of scientific medicine with regard to it. As I said last year, scarlet fever is not now considered to be a simple infectious disease, but rather one of a group of disturbances due to a reaction of the body to the presence of one of several varieties of a small organism, the streptococcus. This organism may, in different individuals, give rise to such different “diseases” as sore throat, tonsillitis, erysipelas, puerperal fever, or scarlet fever, &c. On the other hand, the individual may become merely a carrier of the organism without suffering from any illness at all. It is this which makes the disease so extremely difficult to control.

*Diphtheria.*—It is a pleasure to record, this year, a fall in the number of cases of this disease which, however, is still giving trouble in certain districts. Immunisation campaigns are still being carried on in schools, but require intensifying. One great difficulty is that as soon as the scare of an epidemic has died down the number of acceptances for immunisation also falls; however, the distractions of other work, particularly A.R.P., have prevented the pressing forward of a complete scheme for the immunisation of young children, but I hope that this may soon be introduced.

The prevalence of these diseases, which are not generally notifiable, may be gathered by noting that 453 cases of Chicken pox and 255 of



Measles were notified by Head Teachers during the year. Mumps was responsible for 686 cases, German measles for 710 and whooping cough for 110 cases, all these, of course, being school children only. Of these diseases, measles and whooping cough are the most serious, and both are much more fatal than scarlet fever. The latter has for many years shown a very low fatality rate.

The Joint Hospital Board for the northern part of the County is still considering plans for the proposed new hospital and it is evident, from press reports, that the eventual cost will be greater than some of the members anticipated, though every effort is being made to economise. It may be of interest to point out in this connexion that the Committee on Local Expenditure in 1932 stated that the average cost of isolation hospitals for which loans had been sanctioned in the previous five years was £770 per bed, and that an isolation hospital recently completed has cost approximately the same sum. I would particularly emphasise the following remarks, which appeared in my Report last year.

“While also it is, of course, necessary that accommodation in the new hospital should be adequate in point of space, it is equally necessary that in its construction regard should be had to changing conceptions of the uses and functions of isolation hospitals. For instance, it is doubtful whether, in view of the general character of scarlet fever at the present time, it is necessary to isolate all, or nearly all, cases of this disease and if cases are isolated whether wards should not be very small (if, indeed, complete cubicle isolation is not desirable) in order to prevent not merely gross cross-infection, but also the mixing of different strains of the scarlet fever organism. And since the emphasis must now be placed more on the securing of adequate treatment rather than the mere removal of infectious cases from their homes, it is most desirable that the hospital should provide for the nursing of severe cases of measles and whooping cough, and probably also pneumonia, to mention only three infectious diseases which require both careful nursing and isolation. The provision of a large proportion of cubicles is, therefore, not an extravagance, but merely taking steps to ensure that the best use is made of the hospital.”

“It is to be hoped that, under no circumstances whatsoever, will any overcrowding of the hospital be permitted. Whatever the emergency a crowded isolation hospital is much more likely to be a positive danger to all who enter it than it is to be a source of help or a means of security to the community.”

I would also stress the importance of proper staff accommodation. Nursing, especially in an infectious diseases hospital, is work which is of the noblest order, and both on this account and because of the general scarcity of nurses and attendants upon the sick, every amenity should be afforded them.

Meanwhile, there are no actual changes to report in the arrangements for the treatment of infectious disease.

Infectious Diseases Notified in the Several Districts  
for the Year ending 1938.

[illegible]



# PUBLIC VACCINATION.

Return respecting the Vaccination of Children whose Births were Registered during the year 1937, and number of Certificates and Statutory Declarations received by Vaccination Officers during the year 1938.

Registration District.	Number of Births duly entered by 31st January, 1939, in Columns I., II., IV. and V. of the "Vaccination Register" (Birth List Sheets), viz.:					Number of these Births, which, on 31st January, 1939, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of—					Total number of Certificates of successful Primary Vaccination of children under 14 received during the calendar year 1938.	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer, irrespective of the dates of birth of the children to which they relate, during the calendar year 1938.
	Col. I.	Col. II.	Col. IV.	Col. V.	Col. I.	Col. II.	Col. IV.	Col. V.	Col. I.	Col. II.		
	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
Chatteris	95	32	..	..	58	4	1	..	..	..	24	68
Ely	108	20	..	..	79	4	..	3	2	..	47	171
Haddenham	42	2	..	..	39	..	..	1	..	..	1	10
Leverington	117	14	..	..	100	2	..	..	1	..	12	39
Littleport	100	12	..	..	80	4	..	..	..	3	3	15
March	238	19	..	..	192	6	..	..	7	14	27	158
Sutton	44	1	..	..	36	1	..	..	..	6	..	12
Upwell	32	5	..	..	27	..	..	..	..	..	..	10
Walsoken	119	10	..	..	97	7	..	..	1	4	1	20
Whittlesey	170	24	..	..	132	3	1	..	5	5	17	161
Wisbech	212	42	1	..	142	15	..	..	12	..	44	248
TOTAL	1277	181	1	..	982	46	2	5	28	32	176	912

## VACCINATION.

The details regarding the administration of the Vaccination Acts will be found on page 45. I have nothing to add to the remarks which I made in my 1936 Report regarding the apparent futility of maintaining the present cumbersome system of legislation when it is so largely ineffective.

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## MATERNITY AND CHILD WELFARE.

## MATERNITY AND NURSING HOMES.

There have been no new applications for registration or exemption from registration under the Nursing Homes Registration Act during 1938.

The four nursing homes already registered have continued in existence and no comments as to their working are necessary.

No application for delegation of the powers of the County Council was received from any District Council.

## THE MIDWIVES' ACT, 1936.

The Report last year gave the detailed arrangements made in the County under the above Act, and I have only to report that the arrangements continue to function satisfactorily.

# LIST OF MIDWIVES APPOINTED BY DISTRICT NURSING ASSOCIATIONS.

Area Covered.	Name of Midwife.	Hon. Sec. of District Nursing Association.
Benwick, Doddington, Wimblington.	Nurse E. K. Anderson, High St., Doddington. Tel.: Doddington 214.	Mrs. A. M. Morton, Coneywood Farm, Doddington.
Ely, Witcham.	Nurses at— 68, Fieldside, Ely. Tel.: Ely 124.	Miss H. M. Willink, Palace Green Cottage, Ely.
Haddenham and Wilburton.	Nurse M. Lowe, Linden Farm, Haddenham. Tel.: Haddenham 16.	Mrs. E. Robinson, South Place, Haddenham.
Leverington and Gorefield.	Nurse R. Barnsdale, Gorefield. Tel.: Newton 71.	H. J. Allitt, Esq., Manor Farm, Newton.
Little Downham.	Nurse J. Cordery, School Lane, Little Downham. Tel.: Pymoor 52.	Mrs. E. M. Young, The Rectory, Little Downham.
Littleport.	Nurse D. West, 33, Hempfield Place, Littleport. Tel.: Littleport 96.	<i>Jt. Hon. Secs.:</i> Miss M. Martin, Highfield House, Littleport. Mrs. M. Goy, Main Street, Littleport.
Manea and Welches Dam.	Nurse M. L. Vincent, Westfield Rd., Manea. Tel.: Manea 223.	Mrs. A. Hazel, School Lane, Manea.
March.	The Matron, Nursing Home, March. Tel.: March 3176.	Mrs. A. Walton, St. John's Rectory, March.
Prickwillow.	Nurse J. B. Douglas, 11, Council Houses, Lark Bank, Prickwillow. Tel.: Prickwillow 204.	Miss S. E. Willson, Lambsware Hill, Prickwillow.
Stretham and Thetford.	Nurse H. Cook, 11, Ely Road, Stretham. Tel.: Stretham 35.	Mrs. E. E. Stevens, Cambridge Road, Stretham.
Sutton, Mepal.	Nurse V. E. Wild, Pound Lane, Sutton. Tel.: Sutton 14.	Mrs. L. Haylock, High Street, Sutton.
Thorney.	Nurse E. E. Holder, 7a, Abbey Place, Thorney. Tel.: Thorney 325.	C. E. Bolden, Esq., School House, Thorney.
Whittlesey.	Nurses at— 30, Whitmore Street, Whittlesey. Tel.: Whittlesey 181.	Mrs. E. E. Brown, 7, Cemetery Road, Whittlesey.
Wisbech.	Nurse Williams and Nurse Knowles, 42, Norwich Rd. Tel.: Wisbech 687.	H. Fundrey, Esq., Hillburn Road, Wisbech.



## COUNTY COUNCIL MIDWIVES.

Area Covered.	Name of Midwife.
Chatteris.	Nurse F. Millar, Guisborough House, London Road, Chatteris. Tel.: Chatteris 144.
Fridaybridge.	Nurse J. B. D. Benson, Begdale Road, Elm. Tel.: Fridaybridge 246.
Parson Drove, Wisbech St. Mary.	Nurse A. L. Guiver, "Pitsdale," Leverington Common, Nr. Wisbech. Tel.: Wisbech St. Mary 44.

## MIDWIVES.

During the year under review 48 midwives notified their intention to practise in the County. Some of these persons were only temporarily resident in the area and at the end of the year 32 names remained on the list. Of this number 25 were employed by District Nursing Associations, 2 by the County Council, 1 was on the staff of the Public Assistance Institutions and 4 were working independently.

There are no bona-fide midwives in the area, but there are 3 women holding a certificate in obstetric nursing.

The Assistant Medical Officer, as Assistant Supervisor of Midwives, visits the midwives from time to time and inspects their records and appliances and investigates their methods of practice.

## ANTE-NATAL ARRANGEMENTS.

The ante-natal scheme introduced during the year 1937, to provide for the ante-natal and post-natal examination by their own doctors of all patients who have engaged a midwife to look after them during their pregnancy and confinement, has made a good start. Two examinations before and one after confinement are provided for such cases at the expense of the County Council. It is hoped that in this way many cases who might otherwise meet with difficulty during pregnancy will be able to have the trouble detected and dealt with before any ill effects ensue.

Under the Scheme medical practitioners have carried out 539 ante-natal examinations, of which 346 were first examinations and 193 subsequent examinations. In addition, 68 post-natal examinations were carried out.

The Regulations of the Central Midwives' Board require a midwife to call in the assistance of a registered medical practitioner in any emergency and 140 such calls were made during the year.



The conditions for which help was sought were as follows:—

For mothers.			For infants.		
Adherent placenta ...	...	2	Circumcision ...	...	1
Ante-partum haemorrhage		5	Cleft palate ...	...	1
Albuminuria ...	...	5	Enfeebled child ...	...	14
Delayed 2nd stage ...	...	6	Inflamed and		
Disproportion ...	...	4	discharging eyes		7
Inflamed breast ...	...	1	Ophthalmia neonatorum ...		1
Inertia ...	...	4	Other conditions ...	...	7
Malpresentation ...	...	7	Still-birth ...	...	1
Miscarriage ...	...	2	Talipes ...	...	3
Other condition ...	...	10			
Puerperal pyrexia ...	...	2			
Retained placenta ...	...	1			
Rise of temperature		9			
Ruptured perineum		42			
Threatened miscarriage		2			
Varicose veins ...	...	3			
<hr/>			<hr/>		
105			35		

The sum of £139 7s. 3d. was incurred in respect of fees to medical practitioners summoned to the aid of midwives in necessitous cases.

The following is a summary of other notifications received from midwives:—

Artificial feeding ...	...	17
Death ...	...	5
Laying out dead body ...	...	8
Liability to be a source of infection		15
Stillbirth ...	...	6

Twenty-five cases of difficulty in connection with parturition were treated at Addenbrooke's Hospital for a total period of 502 in-patient days.

During the year the Council entered into an arrangement whereby any practitioner in the area may call in an obstetric consultant.

The undermentioned Consultants are those approved by the County Council:—

J. R. CAMPBELL CANNEY, ESQ.,  
M.D., B.Chir., F.C.O.G.,  
3, Brookside,  
Cambridge.  
Tel.: Cambridge 5112.

J. O. HARRISON, ESQ.,  
M.B., B.Ch., F.R.C.S.,  
Gaywood Hall,  
Kings Lynn.  
Tel.: Kings Lynn 2407.

Deputies :—

*For Dr. Campbell Canney :*

C. H. BUDD, ESQ.

M.C., M.B., Ch.B. (Oxon.), D.A.,

Scroope Terrace,  
Cambridge.

Tel.: Cambridge 1205.

W. P. HEDGCOCK, ESQ.,

M.C., B.S. (Lond).

60, Gilbert Road,  
Cambridge.

Tel.: Cambridge 2711.

*For Dr. Harrison :*

J. LEWIN, ESQ.,

M.B., B.S. (Lond.), F.R.C.S. (Eng.),

The Ferns,

Avenue Road,

Kings Lynn.

Tel.: Kings Lynn 279.

There is no County Nursing Association in the Isle of Ely. Nurses employed by some of the District Nursing Associations, however, receive visits from a Lady Inspector sent by the Queen Victoria Jubilee Institute for Nurses, apart from those paid them by the County Medical Officer of Health or his assistants.

Milk to infants and nursing mothers was provided to the value of £384 4s. 6d.

During the year the Health Visitors paid 598 visits to expectant mothers, 8376 visits to children under one year of age, and 10,146 visits to children between one and five years.

These visits are of the very greatest value and my only regret is that with our present staff it is not possible for this most useful work to be done more thoroughly. Only those who know how difficult is the Health Visitors' task and how much help they may and do render to the mothers and children in their districts, can appreciate the importance of the work of these women in raising the general standard of health in the community.

#### OPHTHALMIA NEONATORUM.

The following table gives particulars of cases of ophthalmia neonatorum notified during 1938.

Cases			Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
Notified	Treated					
	At home	In hospital				
6	3	3	6	—	—	1

## CHILDREN'S ACT, 1908—1933.

The names of 52 children appeared on the Register at the beginning of the year as being in the care of foster-parents. Twenty-four children were placed in the area during the year and 28 names were removed from the Register. Of these, 16 were returned to their homes or left the County and 12 had attained the age of nine years.

During 1938 the Health Visitors paid 216 visits to the homes and children.

## WELFARE OF THE BLIND.

The welfare of the blind in the County remains the responsibility of the Isle of Ely Society for the Blind, to whom the Council has delegated its powers. Details regarding the work of the Society will be found in the Annual Report, which is published separately.

## TUBERCULOSIS.

## NEW CASES AND MORTALITY DURING 1938.

The following table shows the new cases of the disease notified during 1938 and the mortality at different age periods:—

Age Periods	New Cases				Deaths			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M	F	M	F	M	F	M	F
0- .. ..	..	..	..	..	..	..	1	..
1- .. ..	1	..	6	4	..	..	1	1
5- .. ..	..	..	6	7	..	..	1	2
10- .. ..	..	..	2	3			..	..
15- .. ..	2	..	3	1			2	1
20- .. ..	3	5	1	1	1	1	2	1
25- .. ..	7	3	2	3	4	3	1	..
35- .. ..	7	3	1	1	2	4	1	..
45- .. ..	1	..	..	1	2	1	1	..
55- .. ..	2	1	..	..	3	..	..	..
65 and upwards	1	1	..	..	1	2	..	..
Totals ..	24	13	21	21	13	11	8	4

The weekly sessions at the County Tuberculosis Dispensaries at March, Wisbech and Ely have been continued and the attendances have been as follows:—

Wisbech	...	130	patients made	208	attendances
March	...	131	„	198	„
Ely	...	55	„	80	„
		<hr/>		<hr/>	
		316		486	
		<hr/>		<hr/>	

Dr. F. E. Crawley left the area in November, 1938, and was replaced by Dr. Dawson, who has now received the permanent appointment as Clinical Tuberculosis Officer, a post which he will hold in conjunction with that of District Medical Officer of Health for seven of the nine local sanitary authority areas in the County.

The Dispensary Service is concerned with diagnosis and supervision and no active treatment is given. Where treatment, other than institutional treatment, is considered necessary the patients are advised to obtain such treatment from their own doctors but may be supplied with cod liver oil at the discretion of the Tuberculosis Officer. Many patients still require extra nourishment, which is supplied by the Public Assistance Committee or the Public Health Committee, and patients were assisted by the latter Committee at a cost of £124 0s. 3d.

165 visits were made by the Tuberculosis Officer to the homes of patients who were unable to attend the dispensaries.

During the year 62 patients were sent to Sanatorium or Hospital and, with 48 patients already in institutions on January 1st, made a total of 110 institutional cases who spent in hospital a total of 17,319 in-patient days.

A summary of the statistics of the Dispensary Service for the past ten years is printed on pages 54 and 55.

It will be noticed that the attendances of patients at the dispensaries has fallen off. Much of this is no doubt due to frequent changes in staff. With the new arrangements now made it is hoped that Tuberculosis Officers will remain for longer periods in the County than has been the case in the last few years.

#### DEATHS FROM TUBERCULOSIS.

I am not at all happy about non-pulmonary tuberculosis. There has been no appreciable and sustained fall in the mortality-rate from this kind of tuberculosis for a number of years and, while the death-rate may not be large, there were, last year, more cases of non-pulmonary tuberculosis notified than of the pulmonary type of disease.



“Consumption,” or pulmonary tuberculosis, is well-known and dreaded, but non-pulmonary tuberculosis is not so well-known, though it frequently causes very great suffering and invalidism and sometimes death. It may vary from tubercular glands of the neck to tubercular hip disease, spinal disease and abdominal tuberculosis. Its treatment may take months and even years and is very costly. At the end of last year we had 24 cases in hospital or sanatorium suffering from non-pulmonary tuberculosis.

It takes about £2 per week in the case of a child, and £2 10s. 0d. per week in the case of an adult, to maintain the patient in hospital and, in most cases, the County Council bears all the cost. We have had one patient in hospital for 4 years and 7 months, and a common period for spinal disease is about 2 years. When the patient comes out of hospital in such cases, even though clinically the actual disease is arrested, he or she may be condemned to a life of semi-invalidism and has frequently some deformity. Many of these cases are due to the drinking of infected milk, though owing to the long period between infection and the development of the disease, it would be difficult to pin down the disease to milk consumed from a certain dairy at a specified time, though presumptive evidence is strong. Thus, two children accustomed to drink raw milk from a particular dairy over a fairly lengthy period developed acute abdominal tuberculosis and just about this time an animal in the dairyman's herd was found to be heavily infected with tubercle and was destroyed. The dairyman was compensated for the loss of his cow and the parents and the County Council (chiefly the latter) met the cost of an illness which is still going on. There is strong presumptive evidence that the disease was caused by the drinking of infected milk from the animal which was slaughtered, but there are sufficient loopholes in the case to prevent any prosecution. True, not all tuberculosis of bones, joints or glands is caused by infected milk, but a considerable proportion is, and the bovine type of tubercle bacillus found in infected milk causes also a proportion of cases of pulmonary tuberculosis and it is estimated that this type of organism causes about 2,000 deaths each year, mostly in children, and that at least 4,000 fresh cases of bovine infection develop each year in the country as a whole.

# Tuberculosis Dispensary Service.

		1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
New cases referred by practitioners—											
Tuberculous...	... ..	47	53	53	44	44	37	51	61	57	56
Doubtful ...	... ..	31	28	11	4	6	7	10	5	3	3
Non-Tuberculous ...	... ..	48	84	72	80	86	95	43	75	78	67
Total...	... ..	126	165	136	128	136	139	104	141	138	126
Contacts of known tuberculous patients seen for the first time during the year—											
Tuberculous...	... ..	2	2	3	—	1	4	—	1	—	—
Doubtful ...	... ..	12	4	2	1	2	—	3	2	—	—
Non-Tuberculous ...	... ..	28	40	42	39	55	53	30	68	59	57
Total...	... ..	42	46	47	40	58	57	33	71	59	57
Patients on the Register at the end of the year:											
Who have at some time had tubercle bacilli in their sputum ... ..		—	—	62	62	71	71	76	82	78	172
Tuberculous (including the last mentioned patients) ... ..		286	224	229	228	227	220	237	262	247	219
Doubtful ... ..	... ..	11	6	13	5	8	7	13	7	3	3
Deaths during the year of patients on the Register ... ..		29	26	24	29	23	25	30	28	26	25
Attendances of patients at the Dispensaries		986	759	724	724	710	825	647	784	626	494
Visits by Tuberculosis Officer to homes of patients ... ..		75	96	103	116	128	108	141	186	172	165
Total examinations of patients by Tuberculosis Officer		1,061	855	827	840	838	933	788	970	798	659

	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Personal consultations between practitioners and Tuberculosis Officer ... ..			16	30	36	35	32	50	42	33
Other consultations between practitioners and Tuberculosis Officer ... ..	66	107	85	87	98	81	95	125	95	111
Sputum Tests ... ..	87	89	88	108	87	69	95	120	101	103
X-ray Examinations ... ..	—	12	27	29	30	48	48	86	75	89
Number of patients who received Sanatorium treatment during the year... ..	69	90	82	79	72	67	80	91	100	110
Number of days spent in Sanatorium by these patients ... ..	8,700	10,354	11,553	12,053	10,997	10,354	10,973	15,771	16,058	17,319
Average Stay ... ..	126	115	149	153	153	155	137	173	161	157
Visits by Health Visitors for Dispensary purposes	302	512	604	629	565	596	599	819	759	778

Tuberculous Patients, including those not under the care of the Tuberculosis Dispensary Service.

Primary Notifications during the year ...	120	117	84	62	73	94	97	129	86	79
Number of patients remaining on the Tuberculosis Registers of the District Medical Officers of Health at the end of the year	774	498	518	496	495	560	593	654	677	635



TUBERCULOSIS.

Details of the Notifications received during the year 1938 under the Public Health (Tuberculosis) Regulations, 1912.

Previous years also given for comparison.

NOTIFICATIONS ON FORM A.														Total Notifications on Form A.
Number of Primary Notifications														
Age Periods												Total Primary Notifications		
0—1	1—5	5—10	10—15	15—20	20—25	25—35	35—45	45—55	55—65	65 and upwards				
Pulmonary: Males in 1928 .. .. 1 1 2 3 5 7 5 4 2 .. 30 30														
" " in 1929 .. 2 .. 5 2 5 4 10 6 5 3 .. 42 42														
" " in 1930 .. .. 1 3 1 4 3 5 6 8 6 4 41 41														
" " in 1931 .. .. .. 2 .. 3 6 3 5 3 2 .. 24 25														
" " in 1932 .. .. .. 1 1 .. 3 7 7 1 1 .. 21 21														
" " in 1933 .. .. .. 1 2 .. 2 6 3 2 .. 1 17 17														
" " in 1934 .. .. 1 1 1 3 6 5 7 1 3 1 29 29														
" " in 1935 .. .. .. 1 4 2 9 6 6 2 .. 30 30														
" " in 1936 .. .. .. 1 1 4 4 11 12 6 4 .. 43 43														
" " in 1937 .. .. .. 1 .. 1 5 5 7 1 3 1 24 24														
" " in 1938 .. .. 1 .. 2 3 7 7 1 2 1 24 25														
" Females in 1928 .. .. 5 2 11 5 15 6 .. .. 1 45 46														
" " in 1929 .. .. .. 4 4 8 10 15 5 2 .. 48 48														
" " in 1930 .. .. 1 1 3 10 3 3 5 1 2 1 30 30														
" " in 1931 .. .. .. 6 6 6 5 3 2 1 29 29														
" " in 1932 .. .. 1 1 1 6 .. 4 2 .. 15 15														
" " in 1933 .. 1 .. 2 1 2 7 4 3 2 1 .. 23 23														
" " in 1934 .. .. .. 2 3 5 3 3 5 .. 1 22 22														
" " in 1935 .. .. .. 2 3 3 4 1 2 2 17 17														
" " in 1936 .. .. 1 2 2 5 11 8 5 1 .. 35 35														
" " in 1937 .. .. .. 1 4 .. 4 5 4 1 3 22 23														
" " in 1938 .. .. .. 5 3 3 .. 1 1 13 13														
Non-Pulmonary: Males in 1928 .. .. 5 3 4 .. 1 5 1 .. .. 19 19														
" " in 1929 .. .. 1 7 1 3 .. 2 1 1 .. 16 16														
" " in 1930 .. 2 9 3 1 4 3 4 2 1 .. 29 29														
" " in 1931 .. .. 4 4 4 1 2 3 1 .. .. 19 19														
" " in 1932 .. .. 2 1 2 3 2 1 1 .. .. 12 12														
" " in 1933 .. 2 2 7 5 .. 2 1 .. 1 .. 21 21														
" " in 1934 .. 2 3 8 7 2 1 2 .. .. 1 .. 26 26														
" " in 1935 .. .. 2 6 2 .. 2 1 4 1 1 .. 19 19														
" " in 1936 .. .. 2 8 5 .. 3 2 1 2 1 .. 24 24														
" " in 1937 .. .. 4 5 5 2 .. 2 1 .. .. 1 20 20														
" " in 1938 .. .. 6 6 2 3 1 2 1 .. .. 21 21														
" Females in 1928 2 3 3 1 3 1 3 1 .. .. 1 18 18														
" " in 1929 .. 2 3 1 2 1 2 1 1 .. .. 14 14														
" " in 1930 1 4 3 4 1 2 1 .. 1 .. 17 17														
" " in 1931 .. 1 5 3 .. 1 .. 1 1 .. 12 12														
" " in 1932 .. .. 1 1 5 3 .. 3 1 .. 14 14														
" " in 1933 .. 1 2 2 .. 1 3 .. 1 2 .. 12 12														
" " in 1934 1 3 5 .. .. 4 2 .. 1 .. 17 17														
" " in 1935 .. 2 4 1 .. 3 3 .. .. .. 13 13														
" " in 1936 .. 5 6 1 8 3 2 .. .. 1 1 27 27														
" " in 1937 .. 3 4 2 4 3 .. 2 .. .. 18 19														
" " in 1938 .. 4 7 3 1 1 3 1 1 .. .. 21 22														



# VENEREAL DISEASES.

The following table shows the details of Isle of Ely cases treated for venereal disease from 1919 to 1938 at the Clinics at Cambridge, Kings Lynn and Peterborough :—

Year	Total New Cases attending for Consultation	New cases of				Total Out-Patient Attendances	Total In-Patient Days
		Syphilis	Soft Chancre	Gonorrhoea	Non-venereal Conditions		
1919	35	12	..	16	7	..	104
1920	48	26	..	16	6	416	197
1921	41	17	..	23	1	341	155
1922	26	7	..	10	9	265	145
1923	29	10	1	16	2	288	386
1924	19	9	..	7	3	280	260
1925	40	12	..	21	7	293	270
1926	12	3	..	8	1	278	2
1927	21	4	..	14	3	244	89
1928	47	20	1	21	5	564	168
1929	56	15	..	32	9	827	68
1930	53	13	1	31	8	603	58
1931	40	7	..	30	3	797	19
1932	52	11	1	31	9	629	266
1933	71	17	1	29	24	843	141
1934	84	22	..	34	28	1475	269
1935	102	28	1	45	28	2770	279
1936	83	10	..	37	36	1502	228
1937	58	16	..	25	17	1280	186
1938	86	10	..	35	41	1405	157

## EXTRACTS FROM THE DISTRICT REPORTS.

*I.—URBAN.*

## CHATTERIS URBAN DISTRICT.

Area 13,719 acres.

1938 Statistics:—Birth-rate, 12·78. Death-rate, 11·79 (uncorrected). Death-rate (corrected), 10·03. Infantile Mortality-rate, 30·77. Illegitimacy-rate, 46·15.

Estimated mid-year (1938) population      ...      ...      5,085

The Medical Officer again draws attention to the low pressure in the trunk water mains prevalent during the summer months, with the result that a considerable portion of the town is without water during the greater part of the day for considerable periods.

Effective action has now been taken and the liability to recurrence in future years has been obviated.

The Council has erected 22 houses, all occupied, and steps have been taken for the erection of another 30.

## ELY URBAN DISTRICT.

Area 14,764 acres.

1938 Statistics:—Birth-rate, 16·65. Death-rate, 13·5 (uncorrected). Death-rate (corrected), 11·37. Infantile Mortality-rate, 79·14 per 1,000 births. Illegitimacy-rate, 79·14.

Estimated mid-year (1938) population      ...      ...      8,350

Further plans for the erection of a second water tower have been approved by the Ministry and the work was commenced in November, 1938.

Twenty bungalows have been erected for occupation by elderly persons and these have been much appreciated.

## MARCH URBAN DISTRICT.

Area 19,777 acres.

1938 Statistics:—Birth-rate, 14·56. Death-rate, 10·25 (uncorrected). Death-rate (corrected), 9·53. Infantile Mortality-rate, 78·21 per 1,000 births. Illegitimacy-rate, 33·52.

Estimated mid-year (1938) population      ...      ...      12,290

## WHITTLESEY URBAN DISTRICT.

Area 23,362 acres.

1938 Statistics:—Birth-rate, 17·85. Death-rate, 11·29 (uncorrected). Death-rate (corrected), 10·05. Infantile Mortality-rate, 47·61 per 1,000 births. Illegitimacy-rate, 40·81.

Estimated mid-year (1938) population      ...      ...      8,235

## WISBECH MUNICIPAL BOROUGH.

Area 4,666 acres.

1938 Statistics:—Birth-rate, 14·72. Death-rate 13·12 (uncorrected). Death-rate (corrected), 11·02. Infantile Mortality-rate, 34·78 per 1,000 births. Illegitimacy-rate, 65·21.

Estimated mid-year (1938) population      ...      ...      15,620

*II.—RURAL.*

## ELY RURAL DISTRICT.

Area 65,999 acres.

1938 Statistics:—Birth-rate, 14·22. Death-rate, 12·53 (uncorrected). Death-rate (corrected), 10·39. Infantile Mortality-rate, 75·67 per 1,000 births. Illegitimacy-rate, 54·05.

Estimated mid-year (1938) population      ...      ...      13,010

The Medical Officer reports that at all times throughout the year there has been an abundant supply of pure water available in all parts of the Rural District and with the further several small extentions it might be said that the entire population of the district is now supplied. Occupants of the few dwellings remotely situated can avail themselves of supplies from standpipes.

At the close of the year appropriate action was being taken to prevent any contamination of the boreholes. In this connection purchase of dwellings and land around the Pumping Station is contemplated.

## NORTH WITCHFORD RURAL DISTRICT.

Area 26,088 acres.

1938 Statistics:—Birth-rate, 15·47. Death-rate, 10·58 (uncorrected). Death-rate (corrected), 9·53. Infantile Mortality-rate, 39·47 per 1,000 births. Illegitimacy-rate, 26·32.

Estimated mid-year (1938) population      ...      ...      4,912

The Medical Officer again draws attention to the fact that Benwick is still without a piped supply of water. Wimblington and Doddington have been served satisfactorily both as regards quantity and quality and during the latter part of the year the pressure at Manea has improved.

#### THORNEY RURAL DISTRICT.

Area 21,796 acres.

1938 Statistics:—Birth-rate, 23·06. Death-rate, 13·05 (uncorrected). Death-rate (corrected), 14·62. Infantile Mortality-rate, 37·74. Illegitimacy-rate, 18·86.

Estimated mid-year (1938) population	...	...	2,298
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#### WISBECH RURAL DISTRICT.

Area 49,798 acres.

1938 Statistics:—Birth-rate, 14·89. Death-rate 11·22 (uncorrected). Death-rate (corrected), 10·99. Infantile Mortality-rate, 57·47 per 1,000 births. Illegitimacy-rate, 34·48.

Estimated mid-year (1938) population	...	...	11,680
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